

# International Travel Insurance Claim Form

 $\label{lem:completion} Guidelines for completion of the Claims form$ 

- 1. Claims Form consists of two parts Information Sheet and Coverage
- $2. \quad \text{Please fill the Information Sheet along with the relevant annexure as per the desired coverage}.$
- 3. Please take the print out of only the relevant annexure.

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In the event of a claim, contact our below 24 -hour helpline numbers						
In USA & Canada (Toll Free)	+18448711200					
Rest of The World (Call Back Facility)	+ 91 124 449 8778					
National Toll Free Number	1800 102 5721					
Fax Number	+911244006674					
Email Address	icicilombard@falck.com					

### INFORMATION SHEET

INSURED DETAILS)	
Policy No.:	
Policy Start Date: DD/MM/YYYY Policy End Date: DD/MM/YYYYY	
Full Name:(First) (Middle) (Last)	
Date of Birth: DD/MM/YYYY Sex: Male Female	
Current Address:	
Address in Country of Residence:	
Phone No. Overseas: Phone No. India: Phone No. India:	
Mobile No: Email ID:	
Passport No.: Claims Ref No.:(As provided)	
Every claim has to be accompanied with original ticket/ boarding pass or copy of the passport indicating the travel dates.	
CLAIMANT INFORMATION (If different than "Insured Information" above)	
Full Name:	J
Date of Birth: DD/MM/YYYY Sex: Male Female Relationship with the Policyholder:	J
Claimant's Address:	J
Phone No. (Off): Phone No. (Res):	
Email ID:	J
In what capacity are you making this claim?	

#### Terms and conditions

INICUIDED DETAILS

- 1. The Insured shall ensure that the Insured has received, read and understood the terms and conditions as contained in Part II and III of the Policy. If the Insured has not received Part II and Part III of the Policy, please email at customersupport@icicilombard.com.
- 2. In the event of an Accident or sudden Illness or occurrence of any other contingency covered under the Policy, the Insured shall immediately contact the Help Line number and register his/ her claim furnishing the necessary details.
- 3. Failure of immediate intimation to the helpline may result in the Insured's claim being prejudiced and in no case being admitted for more than 75% of the claim. No expenses however beyond a limit of US\$ 1000 shall be incurred by the Insured without prior approval from the Company.
- 4. This condition shall be applicable even in cases where the Insured would like to pursue his claim only on his return to his place of residence in spite of his meeting with the contingency covered herein whilst abroad.
- 5. Please note, Deductible amount as mentioned in Policy Schedule must be borne by you.
- 6. Issuance of the claims form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
- 7. No claim under Accident & Medical Section will be admitted without Doctor's Report as per format.
- 8. Please answer all questions completely. In case of insufficient space, please attach additional sheets.
- 9. Please attach original of all bills, receipts, credit card slips pertaining to your claim. Every claim has to be accompanied with original ticket/ boarding pass or copy of passport indicating the travel dates.

#### DECLARATION )

I/We hereby agree, affirm and declare that:

- 1. The statements/information given/ stated by me/ us in this claim form are true, correct and complete.
- 2. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/ similar claim) has been made or lodged with any other insurance company.
- 3. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- 4. If I/ We have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/ We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- 5. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and documents in respect of the claim.
- 6. I do hereby authorize International Subrogation Management (ISM) to inquire and obtain any information regarding my accident. Further, ICICI Lombard is hereby authorized to release any and all information, including copies of pertinent documents, which ISM may deem necessary in order to satisfy their inquiry, If during the investigation, ISM has identified a potential recovery source, allowing the Plan Participant's employer to recover paid benefits, ISM is authorized to release any all records they deem necessary in order to pursue the recovery.
- 7. The company can, while assessing the claim, call for the additional documents which the Company deems fit for assessment of the claim.

,g		
Dated: DD/MM/YYYYY	Place:	Claimant's/Insured's Signature

#### AUTHORIZATION BY INSURED/ ON BEHALF OF THE INSURED

- 1. I authorize any insurance company, physician, hospital or other healthcare provider, or any other organization, institution or person that may have records, documents or knowledge regarding the Insured to release any information requested regarding this claim and the loss reported.
- 2. I understand ICICI Lombard General Insurance Company Ltd, or its authorized representatives, for the purpose of evaluating and determining coverage for this claim, will use this information.
- 3. I know I have a right to receive a copy of this authorization upon request and agree that a photographic or facsimile copy of this authorization is as valid as the original.
- 4. I agree that this authorization shall be valid for the duration of this claim. I also authorize Assistance Service Provider, on behalf of ICICI Lombard General Insurance Company Limited, to obtain any medical records or information to process this claim.
- 5. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNED (Claimant or	authorized person)	Relationship with the Insured
Dated: DD/MM/YYYYY	Place:	Insured's Signature

# Annexure 1: MEDICAL COVER & DENTAL TREATMENT OUT PATIENT TREATMENT Nature of Ailment: State Diagnosis and nature of treatment taken: Dates of treatment: From DD/MM/YYYYY To: DD/MM/YYYYY Date of onset of symptoms: DD/MM/YYYYY Name, address & telephone number of consulting physician/ dentist/ hospital where treatment was taken: Have you ever been treated for this illness before: Yes \_\_\_\_ No \_\_\_ If yes, provide name, address & telephone number of consulted physician: \_\_\_\_\_ Provide name, address & telephone number of your family/ regular doctor in India: \_\_\_\_ Provide name of any prescription medicine you are presently taking: Hospitalisation Full Name: Address: Phone Number of Hospital/ Clinic: Treating Doctor's Name & Qualifications: \_ (M) Treating Doctor's Telephone Number: Dates of Treatment: From: DD/MM/YYYY To: DD/MM/YYYYY Date of onset of Symptoms: DD/MM/YYYYY Attending Doctor's Report Date Doctor Contacted: DD/MM/YYYY Time: HH:MM Nature of Ailment: \_\_\_\_\_ State diagnosis and nature of treatment provided: When did patient's symptoms first appear? Describe any other disease or infirmity affecting present condition: Was the ailment due to Pregnancy: Yes \_\_\_\_ No \_\_\_\_ Was the ailment aggravated due to any pre-existing condition? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please give details: \_\_\_\_\_\_

### MEDICAL TREATMENT EXPENSES DETAILS

Is Medical Evacuation back to Republic of India needed? Please give detailed reasons of the ailment and reason for transportation:

Sr. No.	Details of treatment/ expenses	Date	Expenses in Foreign Currency
Total:			

Claiming also for daily allowance

Documents to be submitted in support of the claim:

- 1. Medical reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment, details of treatment rendered.
- 2. Bills/receipts for:
  - a. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered
  - b. Fees paid to the Medical Practitioner, special nursing charges, etc.

Can the patient be evacuated back to the Republic of India? Yes \_\_\_\_\_ No \_\_\_\_

- c. Charges incurred towards any and all test and/or examinations rendered in connection with the treatment.
- d. Charges incurred towards medicines or drugs purchased from outside duly supported by the prescriptions of the Medical Practitioner attending on the Insured.

In respect of all claims payable hereunder, the Company may effect settlement either in the form of cashless treatment facility or by reimbursement of the amount of claim to the Insured, at its sole discretion. Cashless treatment facility cannot be demanded by the Insured as a matter of right.

Dated: DD/MM/YYYY	Place:	Claimant's/Insured's Signature

Sr. No.	Details of expenses	Date	Expenses in Foreign Currency
		DD/MM/YYYY	
Total:			
Docume	ents to be submitted in support of the claim:		
	tocopy of the death certificate providing the details of the place, da tificate wherever required by the Assistance Service Provider), issu		" ' '
2. Prod	of for expenses incurred towards disposal of the mortal remains.		
	ase of transportation of the body of the deceased to the Country king of the mortal remains of the deceased and also for the air transpo		

Annexure 2: REPATRIATION OF REMAINS

Date of death of Insured: DD/MM/YYYYY

Cause/ Circumstances of death:\_\_\_

Annexure 3: CH	ECKED-IN BAGG	AGE LO	SS/ DI	ELAY																									
Describe when &	where the Loss/ [	Delay to	ok plad	ce: _																									
State the extent of	f Delay/ Loss:																												
Name the commo	n carrier:											_						_			 						1		
Flight Details:	_		′—_						_			_						_	_	′	_	_							
1. Flight No.:		J	From	n D)	D <b>]/</b> I	vJ N	/J/ `	ΥJΥ	JY	JY	To	0:	D J	р <b>ј</b> /	M	м]/	′ <sub>Y</sub> J	Υ	Jγ	Jγ									
2. Flight No.:			From	n 🔲	 1 \/	V) N	/J/_`	Y	·JΥ	ĴΥ	To	0: [		D //	M	M	Z Z	Y	JΥ	ĴΥ	j								
Port of Delay/ Loss	s:	J	J	J	J	J		J			J		J										J	J	J	J	J		J
Actual Date & Time	e of Arrival of flight	t at Port:			M	<u>v</u> ]/_	Y ] _	Y <u>Y</u>	$J_{\underline{Y}}$	JH	JH	]:_N	<u> 1 M</u>	Ţ						_								_	
Actual Date & Time	e when Bags were	delivere	ed: 🕛		$_{\rm L}$	vJ/_	Y ] _	<u>Y                                    </u>	<u> </u>	<u> </u>	J_H	]: <u> </u>	<u> </u>																
No. of Hours of bag					comm	on c	arrie	er bee	en no	otifie	dat	the	time	of I	oss?	? Ye	S.	ا ل	No										
Details of compens	sation received fro	m carrie	er: _							J_			]					_	]	J_	J_	]_						J_	J
Sr. No.	It	em Puro	chased	d/ Iter	ms Lo	st					Date	of	Purc	has	ie		С	ost	in F	ore	ign	Curr	ency	/ (In	INR	for l	OSS (	clain	n)
Total:																													
Compensation F	rom Airlines:																												
Net Amount:																													
<ol> <li>Statement of represent thei</li> <li>Property irreg</li> <li>Voucher of the</li> <li>Copies of corr</li> <li>In case of iten any other procurs of company such and Carrier.</li> <li>In case the undelike the Checked-In Baccompany attributed Documents to be</li> <li>Property irreg</li> <li>Voucher of the</li> </ol>	nount in excess of vered Checked-In I aggage and refunc able to such Check submitted in sup	ne detail er allowi ed by the for the co anged, if lue equa on of the Commor his/ her Baggage If the am ed-In Ba port of t ang the so for the co	s of ite ng for a c Comr omper f any, v al to or Assist c loss a c is sub nount p aggage he cla chedul omper	ems c age a mon C nsatic with the more tance ier ha after t bsequ paid b e shal im Cl	contain and usa carrier on paid the Corrier on paid the Corrier than a Servir on the Corrier on paid the Corrier on the C	ned i age. f. d for mmo US\$ ice P been into	the in the the in the interest accordance of the interest ac	non-conno-conno	deliving del	very/very/conneed water parameter amounted water for amounted elay:	shor shor ectio vithin aymo ount of to the	n w n the ent of co arrie case ne C	of the claim of the claim of the claim of the claim of the comp	ry of ne ne co record of deliverany	f the non-ced-Ir ceive ceive fere very v.	Chedeliven Band by Band Band Band Band Band Band Band Band	ecke very gga the om r del part	ed-livel l-In ge.	n Ba pro pro omp Coo ry to	agga deliv oof o any mpa o the Che	e Insched	of the viners euron and a surection of the contraction of the contract	ne Ch ship der, t d, the Bagg	neck in th the l aat re aat re lns gage	ed-li e for nsur cceiv surec	n Baq m of ed s ed fr I sha e am	ggag purc hall om t Il tak	e. repa he C e de	e bill (c y to th commo
Dated: DDD/M	<u>M/ Y Y Y </u>	⊻J Pla	ıce: _	_]_	JJ_	_]_	_]_	J_	J	J	 				_).						Clair	nant	t's/Ir	nsur	ed's	Sign	ature	<del>)</del>	

Annexure 4: PASS	PORT LOSS		
Please provide details	s of the incident leading to loss of passport		
Date of loss of Passpo	ort: DDD/MM/YYYYP Place of loss of	Passport:	
Expenses incurred in	obtaining new passport:		
Sr. No.	Details of Expenses	Date	Expenses in Foreign Currency
Total:			
Documents to be sul	bmitted in support of the claim:		
1. Police Report in o	S .		
	empts made to trace the passport.		
	m for the expenses incurred. ent of charges for obtaining an emergency certificat	o at the place of loss of the pa	conart
	es for obtaining duplicate passport at the Country of	·	ssport.
In event the passport passport or the duplic and apply for the refu	t originally reported lost being traced and made avacate passport at the Country of Residence of the Ins	ailable to the Insured, anytim ured is issued to the Insured,	e before the emergency certificate at the place of loss of the the Insured shall intimate the concerned authorities forthwith passport, as the case may be. The Insured shall then refund to
Dated: DJ DJ/ MJ N	۱]/ ۲] ۲] Y] Y] Y] Place:		Claimant's/ Insured's Signature

Annexure 5: PERSONAL LIABILITY	
Date of Loss: DD D/MM/YYYYY	
Place of Loss:	
Name of aggrieved Third Party:	
Amount of Liability:	
Documents to be submitted in support of the claim  1. Statement of claim furnishing particulars of the event leading t the liability/ details of injury/ property damaged.  2. Photocopy of the police report wherever reported.	
Dated: DD/MM/YYYY Place:	Claimant's/Insured's Signature

Annexure 6: PERSONAL ACCIDENT & ACCIDENTAL DEATH (COMMON CARRIER)
Please state circumstances of accident i.e. how, when, where it took place:
Nature of Injury:
State diagnosis and nature of treatment/ surgery under taken:
Provide name, address & telephone number of Hospital/ Clinic:
Treating Doctor's Name & Qualifications:
Treating Doctor's Telephone Number: (0) (M) (M)
Dates of treatment: From DD/MM/YYYY To: DD/MM/YYYYY
Attending Doctor's Report
Date doctor contacted: DD/MM/YYYY Time: HH:MM
Nature of Ailment:
State diagnosis and nature of treatment provided:
Describe any other disease or infirmity affecting present condition:
Was the accident due to Pregnancy: Yes No
Was the accident due to any pre-existing condition: Yes No If yes, please give details:
Can the patient be evacuated back to the Republic of India? Yes No
Loss Incurred (Please tick):
Death Death
Permanent Total Disability: (Details)
Permanent Partial Disability: (Details)
Documents to be submitted in support of the claim:
<ol> <li>Medical reports giving the details of the Accident, nature of Injury and the extent of disability.</li> </ol>
<ol> <li>In case of death of the Insured, death certificate issued by the Medical Practitioner who attended on the Insured.</li> </ol>
<ol> <li>Postmortem certificate to be produced if required by the Assistance Service Provider.</li> </ol>
Police report in original in case the Accident shall have taken place in a public place or premises.
Tolloo toportimoligina in oaso tho hoolasht shairnavo taksh piaco na pacho piaco sh promisos.
Dated: D D / M M / Y Y Y Y Place: Claimant's/Insured's Signature

Annexure 7: HIJACK DISTRESS ALLOWANCE
Name of Carrier:
Port of Hijack:
Port of Release:
Dates of Hijack: From: DD/MM/YYYY To: DD/MM/YYYYY
Time of Hijack: From: H H: M M
Documents to be submitted in support of the claim:
Certificate of Hijack from the aircraft/ ocean going vessels furnishing details of travel by the Insured, the fact of his/ her being held captive and confirmation of death, if death shall occur.
Dated: DD/MM/YYYY Place: Claimant's/Insured's Signature

Date of Loss: DD/MM/YYYYY	
Reason and circumstances of Loss:	
Items lost:	
Value of the Items lost:	
I hereby declare that the above reason was the sole reason for the of my loss of traves the financial assistance required by me are needed on an urgent basis to prosunsuccessfully, and if I do secure my money at a future date, I shall repay to the Control of th	secute the remainder of my trip. I have made all efforts to recover my money
SIGNED (Claimant or authorized person)	Relationship with the Insured:
Documents to be submitted in support of the claim:	
Police report in original filed within 24 hrs of becoming aware of loss	
Dated:	Claimant's/Insurad's Signatura

Annexure 8: EMERGENCY CASH ADVANCE ASSISTANCE

Α	nnexure 9: H	DME INSURANCE	
		rty where loss was sustained:	
Da	ite of Loss: 👤		
Ex	act description	of nature of loss and it causes (in case of burglary, how was forceful entry gained into the premises and who is suspe	cted of the same):
00	cupants of the	premises at the time of loss/ by whom it was discovered:	
На	s the loss bee	n reported to the proper authorities? Yes No Please give details of where and to whom the loss has beer eported, please give reasons for the same):	reported along with the date
De	etails of any oth	er insurance cover for the property:	
De	etails of Loss In	curred:	
	Sr. No.	Items lost due to fire/ burglary	Amount
_1	otal		
Do	ocuments to b	e submitted in support of the claim	
1.	First Informa	tion Report Control of the Control o	
2.			
3.	•	Report by the Police	
4.	4. Fire Brigade Report		
5.			
6.			
	7. Legal opinion wherever required		
8.	8. The statement of claim furnishing the details of items lost and the values thereof duly supported by purchase bills wherever available. In the event of the purchase bills not being available, he/she shall render such evidence as may be required by the surveyor for the latter to arrive at the value of the lost items.		
9	<ol> <li>And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.</li> </ol>		
7.	And any our	in document as may be appropriately applicable for the claims preferred under this section of the folicy.	
Da	ited: DDD/_	Alml/ Yl Yl Yl Place:Claimant's/I	nsured's Signature

Trip C	se detail out the above reason for trip cancellation/ interruption (how, where, when and reason for the same):  Cancellation/ Interruption date: DD/MM/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	
	inal Travel Dates:From: DDMMM/YYYYY Time: HJH:MMM on Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details)	
 Detai	ils of Losses/ Expenses Incurred:	
	Sr. No. Loss/ Expenses Details	Amount
Tota	al:	
d d 2. III c c a a b c c d d	<ul> <li>a. Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation;</li> <li>b. Original used air ticket indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier to cancellation charges retained;</li> <li>c. Original bill and a receipt/ letter obtained from the hotel and/ or guest house and/ or any other paid residential act the amount paid for the accommodation, the refund given and the cancellation charges retained, wherever surplace of cancellation of the Trip;</li> <li>d. Used air ticket in original for return journey from the place of cancellation to the Country of Residence of the Instogether with the receipts for the refunds obtained towards the unfulfilled portion of the Trip.</li> <li>In case the cancellation of the Trip shall result because of personal contingencies covered hereunder or a decision take of the contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest &amp; Terrorism, the duly completed as.</li> <li>d. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip insured or his/her Immediate Family;</li> <li>b. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cast.</li> <li>c. Receipt/ letter obtained from the for the hotel and/ or guest house and/ or any other residential accommon cancellation charges retained, wherever such accommodation has be arranged at the place of cancellation of the Country of I receipts for the refunds obtained towards the unfulfilled portion of the Trip.</li> <li>In case the cancellation charges either for the Trip or part of it or in relation to the accommodation in a hotel/ quest</li> </ul>	ccommodation (available for fee) indicating ch accommodation has be arranged at the sured which indicate the cost of the tickets ten at the instance of the Insured arising out I claims form to be accompanied by: arising out of personal contingencies of the incellation charges retained; dation (available for a fee) indicating the Trip; Residence of the Insured together with the
V	waived to the advantage of the Insured subsequent to any settlement of claim under this Benefit, the Insured shall for to the extent of such waiver.	

	-	hedule: (Please give date and time of all flights, mentioning the original and actual arrival and departure times. Plea	ase also mention the name
	carriers and fli		
	-	delayed causing a missed connection?	
		of the flight:es due to Missed Connection:	
	Sr. No.	Expenses	Amount
	Total		
Do	ocuments to be	submitted in support of the claim:	
1.	The confirma the reasons f	tion from the Common Carrier of the delayed flight as to the expected time of arrival and the actual time of arrival at th or delay.	e port of delay together with
2.	Unused ticke	for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same.	
3.	3. Certificate from the Common Carrier of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture.		
4.	4. Original used ticket obtained afresh towards the alternative flight for the part of the Trip covered by the Missed Flight indicating the amount paid as fare.		
In the event of the forfeited amount by the Common Carrier for the Missed Flight being refunded / returned to the Insured, subsequent to any payment under this section, the Insured shall return the amount so refunded in full.			
Da	ted: _DD/_N	Claimant's/Ins	ured's Signature

Annexure 11: MISSED (FLIGHT) CONNECTION

	Amount	
Person Affected and Relationship with the Insured: (If not the Insured, please also provide address and contact details)  Details of Expenses Incurred:  Sr. No.  Loss/ Expenses Details  Total  Documents to be submitted in support of the claim: In case of delay of the Trip either at the Country of Residence of the Insured or any other intermediate place forming part of the Trip by the Corresulting from contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, duly completed claims form to be accordance.  Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation.  Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained.  Receipt / letter obtained from the hotel and / or guest house and / or any other residential accommodation for a fee indicating the cancellation by the agency, wherever such accommodation has be arranged at the place of cancellation of the Trip  Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured togeth for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference charges incurred for the return journey from the place of cancellation to the Country of Residence and the amounts obtained towards unfulfilled portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the insured to the standard pass of the trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied by the Assistance Service Provider in case of the cancellation of the Trip prising out of personal contingencies as may be required by the Assistance	Amount	
Details of Expenses Incurred:  Sr. No.  Loss/ Expenses Details  Total  Documents to be submitted in support of the claim:  In case of delay of the Trip either at the Country of Residence of the Insured or any other intermediate place forming part of the Trip by the Corresulting from contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, duly completed claims form to be accord.  Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation  Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained  Receipt / letter obtained from the hotel and / or guest house and / or any other residential accommodation for a fee indicating the cancellation by the agency, wherever such accommodation has be arranged at the place of cancellation of the Trip  Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured togeth for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference charges incurred for the return journey from the place of cancellation to the country of residence and the amounts obtained towards unfulfilled portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the Insured to case the delay of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insure contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies as may be required by the Assistanc	Amount	
Sr. No.  Loss/ Expenses Details  Total  Documents to be submitted in support of the claim: In case of delay of the Trip either at the Country of Residence of the Insured or any other intermediate place forming part of the Trip by the Cor resulting from contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, duly completed claims form to be acceda. Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation  b. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained  c. Receipt / letter obtained from the hotel and / or guest house and / or any other residential accommodation for a fee indicating the cancellation by the agency, wherever such accommodation has be arranged at the place of cancellation of the Trip  d. Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured togeth for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference charges incurred for the return journey from the place of cancellation to the country of residence and the amounts obtained towards unfulfilled portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the Insured in case the delay of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied by Adeclaration from the Insured furnishing the circumstances that compelled him/her to cancel the Trip  b. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies cancellation of the Trip arising out of perso	Amount	
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<ul> <li>b. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained</li> <li>c. Receipt / letter obtained from the hotel and / or guest house and / or any other residential accommodation for a fee indicating the cancellation by the agency, wherever such accommodation has be arranged at the place of cancellation of the Trip</li> <li>d. Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured togeth for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference charges incurred for the return journey from the place of cancellation to the country of residence and the amounts obtained towards unfulfilled portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the Insured In case the delay of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest &amp; Terrorism, the duly completed claims form to be accompanied be a. A declaration from the Insured furnishing the circumstances that compelled him / her to cancel the Trip</li> <li>b. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies.</li> </ul>		
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contingencies namely Earthquake, Storm, Flood, inundation, cyclone, tempest & Terrorism, the duly completed claims form to be accompanied ba. A declaration from the Insured furnishing the circumstances that compelled him/her to cancel the Trip.  b. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal continuous c	between the actual refund towards the	
b. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal c		
b. Medical evidence as may be required by the Assistance Service Provider in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Family		
. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained		
Receipt / letter obtained from the for the hotel and / or guest house and / or any other residential accommodation for a fee indicating the cancellation charges		
retained by the agency, wherever such accommodation has be arranged at the place of cancellation of the Trip  Report filed with the Police having jurisdiction over the place of loss reporting the loss of the passport or travel documents and the application made for a fresh		
Report filed with the Police having jurisdiction over the place of loss reporting the loss of the passport or travel documents and the application made for a frest passport / travel documents.		
f. Declaration from the Insured that the passport / travel documents has been recovered / returned to him / her with the date of such recovery	y / return or has not	
been recovered / returned or that alternative passport has not been obtained within the period for which the indemnity shall be available under		
g. Used air ticket or boarding pass in original for return journey from the place of cancellation to the Country of Residence of the Insured togeth for the refunds obtained towards the unfulfilled portion of the Trip (As any payment under this head shall be only in respect of the difference charges incurred for the return journey from the place cancellation to the country of residence and the amounts obtained towards refund tow portion of the Trip. These documents shall be submitted only in case there shall be an additional expenditure incurred by the Insured)	or with the receipte	

Claimant's/Insured's Signature

Dated: DD/MM/YYYY Place:

Annexure 13:	BOUNCED BOOKINGS- AIRLINES/ HOTELS	
Reason for Bou	nced Booking:	
Please detail ou	the reason for the Bounced Booking (how, where, when, and reason for the same):	
-	Accommodation Dates: From: DD/MM/YYYY To: DD/MM/YYYYY	
,	ne booking was bounced: DD/MM/YYYYY	
Details of Expen		
Sr. No.	Loss/ Expenses Details	Amount
Total		
	be submitted in support of the claim:	
	n from the Insured that he/ she has strictly complied with the rules laid down by the Common Carrier or accommodation	provider as the case may be
· ·	ne reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation.	
	ion from the Common Carrier of the bounced booking solely at their instance and responsibility.  ion from the accommodation provider of the bounced booking solely at their instance and responsibility.	
	ll lodge his/ her claim on the Common Carrier and/ or the accommodation provider as the case may be for the additiona	al charges that he/ she might
	ed for which he/ she has lodged a claim on this Company and in case of any recovery from the concerned agencies, sha	
	extent of amount paid hereunder.	,
Dated: D D /	M] M]/ Y] Y] Y] Y   Place:	ured's Signature

	OMPASSIONATE VISIT		
Person Hospitalise	d: Insured Family Member		
Name of the perso	n hospitalized (if not the Insured):		
Relationship with	he Insured:		
Provide name, add	ress & telephone number of Hospital/ Clinic:		
Treating Doctor's N	lame & Qualifications:		
•	elephone Number:(0) (M)		
	ation: From: DD/MM/YYYY Time: HH: MM		
Date of onset of sy	mptoms: DD/MM/YYYY		
Attending Doctor	·		
Date on which doo	torwas contacted: DD/MM/YYYY Time: HJH:MM		
		1 1 1 1	
State diagnosis ar	d nature of treatment provided:		
	symptoms first appear? DD/MM/YYYYY disease or infirmity affecting present condition:		
•	us to Pregnancy: Yes No		
	ggravated due to any pre-existing condition? Yes No If yes, please give details:		
	evacuated back to the Republic of India? Yes No		
Estimated time the	patient would continue to be in the hospital?		
Estimated time time	patient would continue to be in the hospital?		
	Expenses Details		
Sr. No.		Date	Amount
	Expenses Details	Date	Amount
	Expenses Details	Date	Amount
	Expenses Details	Date	Amount
	Expenses Details	Date	Amount
Sr. No.	Expenses Details	Date	Amount
Sr. No.	Expenses Details  Loss/ Expenses Details	Date	Amount
Sr. No.  Total  Documents to be	Expenses Details		
Sr. No.  Total  Documents to be  1. A certificate f	Expenses Details  Loss/ Expenses Details  submitted in support of the claim:		
Sr. No.  Total  Documents to be  1. A certificate f relative during	Expenses Details  Loss/ Expenses Details  submitted in support of the claim:  rom the Medical Practitioner recommending the presence in the form of special assistance to be rethe entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.  mary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the	endered by a m	ember of the Family or nea
Sr. No.  Total  Documents to be  1. A certificate f relative during 2. Discharge sur days of Hospit	Expenses Details  Loss/ Expenses Details  submitted in support of the claim:  rom the Medical Practitioner recommending the presence in the form of special assistance to be rethe entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.  mary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the	endered by a m	ember of the Family or nea
Sr. No.  Total  Documents to be  1. A certificate f relative during 2. Discharge sur days of Hospit	Expenses Details  Loss/ Expenses Details  submitted in support of the claim: rom the Medical Practitioner recommending the presence in the form of special assistance to be rethe entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.  mary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the alization.	endered by a m	ember of the Family or near
Sr. No.  Total  Documents to be  1. A certificate f relative during 2. Discharge sur days of Hospit	Expenses Details  Loss/ Expenses Details  submitted in support of the claim: rom the Medical Practitioner recommending the presence in the form of special assistance to be rethe entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.  mary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the alization.	endered by a m	ember of the Family or near

Annexure	15: EMERGENCY HOTEL EXTENSION		
Reason for	Delay:		
Please deta	il out the above reason for Delay (how, where, when and reason for the same):		
Dalaydata			
Original Tra	vel Dates: From: DD/MM/YYYY To: HH: MM		
-	cted and Relationship with the Insured: (If not the Insured, please also provide address and contact details	s)	
		· 	
	sses/Expenses Incurred:		
Sr. No	Loss/ Expenses Details	Date	Amount
Total			
Document	s to be submitted in support of the claim:		
1. Receip	for the  amount  paid  to  the  hotel  or  guest  house  or  any  other  accommodation  provider  for  a  fee  for  the  chain  accommodation  for  accommodation  for  a  fee  for  the  chain  accommodation  for  accommodation  for  accommodation  for  accommodation  for  accommodation  accommodation  for  accommodation  for  accommodation  accommodation  for  accommodation  acc	rges per day paid tow	ards accommodation.
	te as may be required by the Assistance Service Provider in case the delay is caused by Earthquake, Fl e or Terrorism.	oods resulting from	unseasonal rains, storm or
	I certificate furnishing details of date of admission and date of discharge together with the details of the		
	d from the Medical Practitioner in case of delay being caused because of Hospitalization of the Ins nion resulting from any Injury or Illness to the Insured or Insured's Family member or Traveling Companion		
	of loss of passport, a copy of the first information report in relation to the complaint lodged with the police the application lodged with the passport office for a duplicate passport.	e having jurisdiction	over the place of loss and a
	of loss of travel documents, a copy of the report lodged with the Common Carrier for the loss of the travel loss of the travel could not undertake the travel as scheduled.	el documents and a c	onfirmation from the latter:
	elay solely attributable to Common Carrier and beyond the control of the Insured a confirmation by the ir instance together with a copy of the claim made on the Common Carrier for expenses incurred as a resul		he said delay having taken
Dated: D	DJ/ MJ MJ/ YJ YJ YJ Place:	Claimant's/ Insu	red's Signature

Date	of Loss:	DJ/MJMJ/YJYJYJ		
Reas	on and circu	mstances of Loss:		
	,	hat the above reason was the sole reason for the Loss of my baggage & persolal effects at a future date, I shall		3 00 0 1
SIGN	ED (Claiman	t or authorized person) Relationship with the Insured		
		SIGNED (Claimant or authorized person)	Relationship with the	Insured
Detai	ls of Losses/	Expenses Incurred:		
	Sr. No.	Loss/ Expenses Details		Amount
Tota	ıl:			
Detai	ls of compe	nsation received:		
		submitted in support of the claim:		
	1. Copies of the letter addressed to the Common Carrier, police authorities and hotel/guest house/accommodation provider with their acknowledgment.			
4. Evidence as may be required by the Assistance Service Provider for certification of the market value of the items lost whose individual value shall have exceeded US\$ 100.				
Dated	d: <u>D</u> <u>D</u> / <u>M</u>	M/YYYY Place:	Claimant's/ Inst	ured's Signature

Annexure 16: LOSS OF BAGGAGE & PERSONAL EFFECTS

		SETURN OF MINOR CHILD/ CHILDREN Ospitalisation
		ed: Insured Family Member
	•	on hospitalized (if not the Insured):
		the Insured:
	•	dress & telephone number of Hospital/ Clinic:
rioviu	e name, au	aress & telephone number of nospital/ offine.
	•	Name & Qualifications:
		Telephone Number:(0) (M)
		sation: From DD/MM/YYYYTime: HH:MM
		ymptoms: DD/MM/YYYY
In Cas	se of Death	of the Insured
		ances of death:
Date o	f death of Ir	ısured:
	ding Docto	
Date d	loctor conta	icted: DD/MM/YYYY Time: HH: MM
Nature	e of Ailment	:
State	diagnosis a	nd nature of treatment provided:
When	did patient	s symptoms first appear?
Descri	ibe any othe	er disease or infirmity affecting present condition:
Wasth	ne ailment o	fue to Pregnancy: Yes No
Wasth	ne ailment a	iggravated due to any pre-existing condition? Yes No If yes, please give details:
Can th	e patient be	e evacuated back to the Republic of India? Yes No
		e patient would continue to be in the hospital? Yes No
		ation back to Republic of India needed? Yes No Please give detailed reasons of the ailment and reason for transportation:
		Expenses Details
	Sr. No.	Details of Expenses Date Expenses in Foreign Currency/ INR
	JI. 140.	Batto = printed
Total	:	
Docur	ments to be	e submitted in support of the claim:
1. A	certificate	from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or neagon the entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.
2. Di		mmary of the Hospital furnishing details – date of admission, date of discharge, and the presence of the member of the Family or near relative on a
3. Or	riginal ticke	t(s) used for the travel by the Minor Child(ren) back to the Country of Residence, if the ticket(s) are bought on behalf of the Insured without any
		f the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the deatl
(p	hotocopy o	If the postmortem certificate wherever required by the Assistance Service Provider, for cases where postmortem is conducted,), issued by the uthority where the contingency has arisen.
ч	-Proprieto c	and the second s
Dated	:_D_D/_N	Claimant's/ Insured's Signature

Reason for Evacuation:			
Please detail out the above rea	ason for Evacuation (how, where, when and reason for the same):		
Evacuation date: DD/M	M/YYYY Original Travel Dates: From: DD/MM/YYYY Time: H	H: M M	
Details of Losses/ Expenses In			
Sr. No.	Loss/ Expenses Details	Amount	
Total:			
Documents to be submitted	in support of the claim:		
	nbassy of Country of Residence of the Insured.		
2. Original Invoice of Hotel A	2. Original Invoice of Hotel Accomodation during the period Insured is unable to return to the Country of Residence.		
3. Original ticket(s) used for	the travel back to the Country of Residence.		
Dated: D   D  / M   M  / Y   Y		mant's/Insured's Signature	

Annexure 18: POLITICAL RISK AND CATASTROPHE EVACUATION

Annexure 19: BAIL BOND								
Name and contact details of the detaining authority:								
The offense for which the insured is in custody:								
Is this offense bailable as per the laws of the country? Yes No								
Please attach the court order stipulating the required amount as bail bond. Please attach more sheets to give details, if necessary.								
Dated: DD/MM/YYYY Place: Claimant's/Insured's Signature								

Annexure 20: SPONSOR PROTECTION								
Name of the sponsor:								
Cause of accident causing the demise of the sponsor:								
Nature of injury causing the demise of the sponsor:								
Place of accident of the sponsor:								
Name, address and telephone number of hospital/ clinic where treatment was given to the sponsor:								
Name of treating doctor of the sponsor:								
Details of medical/ surgical treatment given to sponsor:								
Dates on which the sponsor was given medical/ surgical treatment: From: DD/MM/YYYY To: DD/MM/YYYYY								
Please attach medical reports, doctor's statement giving the details of the sponsor and cause of death, and the death certificate of the sponsor. Medical statements								
from relations/ spouse will not be accepted. Please attach more sheets to give details, if necessary.								
Tuition fees Claimed:								
Dated: DD/MM/YYYY Place: Claimant's/Insured's Signature								

Annexure 21: STUDY INTERRUPTION						
Due to hospitalisation of the insured						
Name, address and telephone number of hospital/ clinic where treatment is being given:						
Name of treating doctor:						
Details of ailment:						
Cause of the ailment:						
Was the ailment/ incident caused due to/ aggravated due to a pre-existing condition? Please give details:						
Date of onset of ailment: DD/MM/YYYY Nature of treatment:						
Dates of hospitalisation: From: DD/MM/YYYY To: DD/MM/YYYYY						
Reason for medical evacuation (if applicable):						
Reason for not continuing studies abroad:						
Tuition fees paid in advance for the year:						
Due to death of sponsor or immediate family member						
Name of the sponsor/immediate family member:						
Cause of accident causing the demise of the sponsor/reason for death of immediate family member:						
Nature of accident causing the demise of the sponsor:						
Place of accident of the sponsor:						
Name, address and telephone number of hospital/clinic where treatment was given to the sponsor/ the immediate family member:						
Name of treating doctor:						
Details of medical/ surgical treatment:						
Dates of medical / surgical treatment: From: DD/MM/YYYYY To: DD/MM/YYYYYY						
Reason for not continuing studies abroad:						
Tuition fees paid in advance for the year:						
Please attach medical reports, statements from the treating doctor and death certificate as proof of the above. Medical statements from relations or spouse will no						
be accepted. Please also attach the receipts of the university fees paid. Please attach more sheets to give details, if necessary.						
Dated: D D M M V Y Y Y Y Place: Claimant's/Insured's Signature						





CLAIM DETAILS



## Part - C- EFT (For Direct Fund Transfer/ Electronic Fund Transfer)

ALL CLAIM SETTLEMENTS SHOULD E	be made t	HROUG	H NEFT	(AS PI	er ird <i>i</i>	CIRCU	ILAR),	PLEAS	SE PRO	VIDE '	YOUR I	BANK	ACCOL	JNT DE	TAILS.		
Patient's Name:		]_]_	]	]_]_		]_]_			_]_	]_]_			_]_	]_]_	]_]_		J
Policy Number:			]_]_	JJ_		]_]_				]_]_				J			
Card No./ UHID No.:			]_]_	JJ_		]_]_				J				J			
Group/Company Name (for Group/Corporate policy Claim Number (if allotted):	holders):	J_J_ J_J_	]_]_ ]_]	Mobile	e/ Cont	act No	.:			J				J_J_			J
As per IRDA Circular No.: IRDA/F&A/CIR	₹/GLD/05 <i>6</i>	5/02/20	14, Pro	opose	r's/ po	icy ho	lder's	bank	acco	unt d	etails	are r	nanda	tory t	o proc	ess the	
claim through EFT.																	
Please provide ANY ONE of the below doo	cuments o	of propo	ser/po	olicy h	older-												
Please provide a self-attested copy of a valid Identity proof of the Proposer/Policy holder (provide any of the mentioned documents in Proof of Identity under Part-D)  Cancelled cheque copy																	
Bank attested copy of Passbook with	IFSC code																
Please provide the below details (all fields	s are com	pulsory	/)	1 1	1	1 1	1	1 1	1	1	1 1	1	1	1 1	1 1	1	1
<ul> <li>Proposer/ policy holder name*(as)</li> </ul>	per bank rec	cords):	_ _	إلـــالِـــ	_ _	<u> </u>	ᆜ_	إلـإ		ᆜ_	ļ	_ _	ر_إ			_	ļ
<ul> <li>Proposer/ policy holder Bank according</li> </ul>	ount no.:					J				J_	J		J				
<ul> <li>Name of the bank:</li> </ul>			]_]_	]_]_		]_]_				]_]_				J	]_]_		
Branch name:		]_]_	]_]_	]_]_		]_]_				]_]_				J			
<ul> <li>Address of the bank:</li> </ul>			]_]_	]_]_		J_J_	J			]_]_				J			
			]_]_	JJ_		]_]_				J				J			
<ul> <li>IFSC code no. of the bank:</li> </ul>		_]_	JJ_		]_]_			(should	be sam	e as pe	r the pr	ovided	cheque	leaflet)			
*Proposer/ policy holder is the person who has paid premium for the policy. All the above details and document(s) should be of Proposer/ policy holder only.																	

Terms and Conditions for Payments through RTGS/NEFT

- 1. The details provided by the Proposers/ policy holder in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- 2. The RTGS/ NEFT facility shall be effective for the respective Proposer(s)/ policy holder within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- 3. The Proposer/ policy holder agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Proposer/ policy holder Accounts No. on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/ inaction/ failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- 4. The Proposer/ policy holder agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- 5. ICICI Lombard General Insurance Company Ltd. May sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The Proposer/ policy holder may discontinue or terminate the use of RTGS/ NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The notice of, such termination should be given to ICICI Lombard only at its corporate address and be addressed at ICICI Lombard GIC Ltd., ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.
- 6. A confirmation of the receipt of termination notice given by the Proposer/ policy holder will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the Proposer/ policy holder construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard to the Proposer/ policy holder stating the date of receipt of such communication by the Proposer/policy holder.
- 7. The Proposer/ policy holder agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Proposer's/ policy holder's bank, shall be borne by the Proposer/ policy holder only.
- 8. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of ten days for such changes wherever feasible for the Terms and Conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Proposer/ policy holder shall be deemed to have accepted the changed Terms and Conditions.
- 9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- 10. Notices under these Terms and Conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. website www.icicilombard.com or by sending them by post to the last address of the Proposer/ policy holder.
- 11. These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- 12. I/We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Proposer/ policy holder through any other source.
- 13. I/We agree that my/ our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Proposer/ policy holder.

Account holder's Signature



# Part - D (Know Your Customer) KYC

ΚY	C is required only for <u>Individual/ Retail</u> policy holders if the <u>total cla</u>	aimed a	amount exceeds ` 100,000.								
	tient's Name:										
•	respect of whom claim is made):    licy Number:										
	rd No./ UHID No										
	pup/Company Name (for Group/Corporate policy holders):										
		e/ Cont	tact No								
Th	e below KYC documents are mandatory as per AML guidelines by										
1.	Two passport size photos of Proposer (stick in the space provided below										
2.	One photocopy of proof of identity of Proposer (any 1 in the below list) One photocopy of proof of residence of Proposer (any 1 in the below I										
0.		131)	Droof of Decidence								
	Proof of Identity (Any one of below mentioned documents required)		Proof of Residence (Any one of below mentioned documents required)								
]	Passport		Electricity bill								
J	PAN card		Ration card								
J	Voter's Identity card		Letter from any recognized public authority								
J	Driving license		Current statement of bank account with details of permanent/ present residence address (as downloaded)								
J	Personal identification and certification of the employees of the insurer for identity of the prospective policyholder.	Current passbook with details of permanent/present residence address (updated upto the previous month)									
J	Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number.	Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof.									
J	Job card issued by NREGA duly signed by an officer of the State Government	Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract									
J	Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer	Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)									
	Proofs of (both) Idea	ntity a	nd Residence								
	Passport										
1	Written confirmation from the banks where the prospect is a customer, r	egardir	ng identification and proof of residence.								
]	Current passbook with details of present/permanent residence address	(updat	ed to the previous month)								
J	Current statement of Bank account with details of present/permanent re	esidenc	e address (as downloaded)								
	Stick Proposer's Photographs										
	Stick Stick										
	Proposer's Proposer's Photograph										
	. notograph										
			Claimant's Signature								